

UNIVERSITY OF MINNESOTA

Crookston Campus

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<http://www.umcrookston.edu>

ADDRESS CHANGE REQUEST

PART 1: Student Background

University ID	Name (last, first, middle)	
Birth date (mm/dd/yyyy)	Social Security Number (last 4-digits)	Phone (include area code)
University e-mail address @umn.edu	Personal e-mail address	
Prior mailing address (street, apartment number or P. O. box number, city, state, ZIP Code, country)		

PART 2: New Mailing Address

New mailing address (street, apartment number or P. O. box number, city, state, ZIP Code, country)
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I request that my address be changed on University of Minnesota records.

Signature	Date
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The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation. This form is available in alternative formats upon request. Please call Disability Services at 218-281-8587.

Submit to: The Office of the Registrar

October 2017